

## SECTION 12

### 510(k) Summary

JUN - 4 2008

**Sponsor:** Siemens Medical Solutions USA, Inc.,  
Business Unit Ultrasound  
1230 Shorebird Way  
Mountain View, California 94043

**Contact Person:** Martina Vogt  
Telephone: (425) 557 1434  
Fax: (425) 391 9198

**Submission Date:** April 18, 2008

**Device Name:** ACUSON X150™ Diagnostic Ultrasound System  
SONOVISTA X150 Diagnostic Ultrasound System

**Common Name:** Diagnostic Ultrasound System with Accessories

**Classification:**  
Regulatory Class: II  
Review Category: Tier II  
Classification Panel: Radiology

Ultrasonic Pulsed Doppler Imaging System	FR # 892.1550	Product Code 90-IYN
Ultrasonic Pulsed Echo Imaging System	FR # 892.1560	Product Code 90-IYO
Diagnostic Ultrasound Transducer	FR # 892.1570	Product Code 90-ITX

#### **A. Legally Marketed Predicate Devices**

The Siemens ACUSON X150 ultrasound system is a multi-purpose diagnostic ultrasound system with accessories and proprietary software, and is substantially equivalent to our current product, the Siemens ACUSON X150 ultrasound system (K070576).

#### **B. Device Description:**

The Siemens ACUSON X150 has been designed to meet the following product safety standards:

- UL 60601-1, Safety Requirements for Medical Equipment
- IEC 60601-2-37 Diagnostic Ultrasound Safety Standards
- CSA C22.2 No. 601-1, Safety Requirements for Medical Equipment
- AIUM/NEMA UD-3, Standard for Real Time Display of Thermal and Mechanical Acoustic Output Indices on Diagnostic Ultrasound Equipment
- AIUM/NEMA UD-2, Acoustic Output Measurement Standard for Diagnostic Ultrasound
- 93/42/EEC Medical Devices Directive
- Safety and EMC Requirements for Medical Equipment
  - EN/IEC 60601-1
  - EN/IEC 60601-1-1
  - EN/IEC 60601-1-2
  - EN/IEC 60601-1-4
  - EN/IEC 60601-1-6
  - EN/IEC 60601-2-18

- EN/IEC 60601-2-25
- IEC 61157 Declaration of Acoustic Power
- ISO 10993-1 Biocompatibility
- ISO 14971 Risk Management

### **C. Intended Use**

The Siemens ACUSON X150 ultrasound imaging system is intended for the following applications: General Radiology, Fetal, Abdominal, Intraoperative, Pediatric, Small Parts, Neonatal/Adult Cephalic, Cardiac, Transesophageal, Pelvic, Transcranial, OB/GYN, Urology, Vascular, Musculoskeletal, Superficial Musculoskeletal, and Peripheral Vascular applications.

### **D. Substantial Equivalence**

The submission device is substantially equivalent to the predicate with regard to both intended use and technological characteristics.

### **E. Performance Data**

The ACUSON X150 modifications are verified and validated according to the company's design control process.



Food and Drug Administration  
9200 Corporate Boulevard  
Rockville MD 20850

JUN - 4 2008

Ms. Martina Vogt  
Regulatory Affairs Specialist  
Siemens Medical Solutions USA, Inc.  
Ultrasound Division  
1230 Shorebird Way  
MOUNTAIN VIEW CA 94043

Re: K081121

Trade/Device Name: ACUSON X150 Diagnostic Ultrasound System  
Regulation Number: 21 CFR 892.1550  
Regulation Name: Ultrasonic pulsed doppler imaging system  
Regulatory Class: II  
Product Code: IYN, IYO and ITX  
Dated: April 18, 2008  
Received: April 21, 2008

Dear Ms. Vogt:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and we have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

This determination of substantial equivalence applies to the following transducers intended for use with the ACUSON X150 Diagnostic Ultrasound System, as described in your premarket notification:

Transducer Model Number

P4-2 Phased Sector Array

CH5-2 Convex Array

VF10-5 Linear Array

EC9-4 Convex Array Endocavity

EV9-4 Convex Array

VF13-5 Linear Array  
P8-4 Phased Array  
L9-5 Linear Array  
P4-2 Litho Phased Sector Array

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the Federal Register.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This determination of substantial equivalence is granted on the condition that prior to shipping the first device, you submit a postclearance special report. This report should contain complete information, including acoustic output measurements based on production line devices, requested in Appendix G, (enclosed) of the Center's September 30, 1997 "Information for Manufacturers Seeking Marketing Clearance of Diagnostic Ultrasound Systems and Transducers." If the special report is incomplete or contains unacceptable values (e.g., acoustic output greater than approved levels), then the 510(k) clearance may not apply to the production units which as a result may be considered adulterated or misbranded.

The special report should reference the manufacturer's 510(k) number. It should be clearly and prominently marked "ADD-TO-FILE" and should be submitted in duplicate to:

Food and Drug Administration  
Center for Devices and Radiological Health  
Document Mail Center (HFZ-401)  
9200 Corporate Boulevard  
Rockville, Maryland 20850

This letter will allow you to begin marketing your device as described in your premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus permits your device to proceed to market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (240) 276-0120. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21CFR Part 807.97). You may obtain

other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (240) 276-3150 or at its Internet address <http://www.fda.gov/cdrh/industry/support/index.html>

If you have any questions regarding the content of this letter, please contact Sundar Rajan at (240) 276-3666.

Sincerely yours,



for

Nancy C. Brogdon  
Director, Division of Reproductive,  
Abdominal and Radiological Devices  
Office of Device Evaluation  
Center for Devices and Radiological Health

Enclosure(s)

## Indications for Use

510(k) Number (if known): \_\_\_\_\_

Device Name: ACUSON X150 Diagnostic Ultrasound System

### Indications For Use:

The Siemens Acuson X150 ultrasound imaging system is intended for the following applications: General Radiology, Fetal, Abdominal, Intraoperative, Pediatric, Small Parts, Neonatal/Adult Cephalic, Cardiac, Transesophageal, Pelvic, Transcranial, OB/GYN, Urology, Vascular, Musculoskeletal, Superficial Musculoskeletal, and Peripheral Vascular applications.

The system also provides for the measurement of anatomical structures and for analysis packages that provide information that is used for clinical diagnosis purposes.


Prescription Use   X    
(Part 21 CFR 801 Subpart D)

AND/OR

Over-The-Counter Use \_\_\_\_\_  
(21 CFR 801 Subpart C)

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\_\_\_\_\_  
Concurrence of CDRH, Office of Device Evaluation (ODE)

  
\_\_\_\_\_  
(Division Sign-Off)  
Division of Reproductive, Abdominal and  
Radiological Devices  
510(k) Number K081121

### Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **ACUSON X150 Diagnostic Ultrasound System**

Intended Use: **Diagnostic imaging or fluid flow analysis of the human body as follows:**

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P	P	P	P	P		BMDC	Note 2,3
Abdominal		P	P	P	P	P	P		BMDC	Note 2,3
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric		P	P	P	P	P	P		BMDC	Note 2,3
Small Organ (Note 1)		P	P	P	P	P	P		BMDC	Note 2,3
Neonatal Cephalic		P	P	P	P	P	P		BMDC	Note 3
Adult Cephalic		P	P	P	P	P	P		BMDC	Note 2
Cardiac		P	P	P	P	P	P		BMDC	Note 2,3
Transesophageal										
Transrectal		P	P	P		P	P		BMDC	Note 2,3
Transvaginal		P	P	P		P	P		BMDC	Note 2,3
Transurethral										
Intravascular										
Peripheral vessel		P	P	P	P	P	P		BMDC	Note 2,3
Laparoscopic										
Musculo-skeletal Conventional		P	P	P	P	P	P		BMDC	Note 2,3
Musculo-skeletal Superficial		P	P	P	P	P	P		BMDC	Note 2,3
Other (specify)										

N = new indication; P = previously cleared by K070576; E = added under Appendix E

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

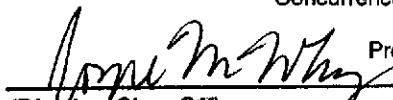
Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

  
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Prescription Use (Per 21 CFR 801.109)

Division of Reproductive, Abdominal and  
 Radiological Devices

510(k) Number K081121

### Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **P4-2 Phased Sector Array Transducer for use with:  
 ACUSON X150 Diagnostic Ultrasound Systems**

Intended Use: **Diagnostic imaging or fluid flow analysis of the human body as follows:**

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P	P	P	P	P		BMDC	Note 2,3
Abdominal		P	P	P	P	P	P		BMDC	Note 2,3
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric		P	P	P	P	P	P		BMDC	Note 2,3
Small Organ (Note 1)										
Neonatal Cephalic										
Adult Cephalic		P	P	P	P	P	P		BMDC	Note 2,3
Cardiac		P	P	P	P	P	P		BMDC	Note 2,3
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal Conventional										
Musculo-skeletal Superficial										
Other (specify)										

N = new indication; P = previously cleared by K070576; E = added under Appendix E

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

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Prescription Use (Per 21 CFR 801.109)

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Division of Reproductive, Abdominal and  
 Radiological Devices

510(k) Number



### Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **CH5-2 Convex Array Transducer for use with:  
 ACUSON X150 Diagnostic Ultrasound Systems**

Intended Use: **Diagnostic imaging or fluid flow analysis of the human body as follows:**

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P	P		P	P		BMDC	Note 2,3
Abdominal		P	P	P		P	P		BMDC	Note 2,3
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric		P	P	P		P	P		BMDC	Note 2,3
Small Organ (Note 1)										
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel		P	P	P		P	P		BMDC	Note 2,3
Laparoscopic										
Musculo-skeletal Conventional										
Musculo-skeletal Superficial										
Other (specify)										

N = new indication; P = previously cleared by K070576; E = added under Appendix E

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

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Division of Reproductive, Abdominal and  
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510(k) Number

*K081121*

### Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **VF10-5 Linear Array Transducer for use with:  
 ACUSON X150 Diagnostic Ultrasound Systems**

Intended Use: **Diagnostic imaging or fluid flow analysis of the human body as follows:**

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal										
Abdominal		P	P	P		P	P		BMDC	Note 2,3
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric		P	P	P		P	P		BMDC	Note 2,3
Small Organ (Note 1)		P	P	P		P	P		BMDC	Note 2,3
Neonatal Cephalic		P	P	P		P	P		BMDC	Note 2,3
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel		P	P	P		P	P		BMDC	Note 2,3
Laparoscopic										
Musculo-skeletal Conventional		P	P	P		P	P		BMDC	Note 2,3
Musculo-skeletal Superficial		P	P	P		P	P		BMDC	Note 2,3
Other (specify)										


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- Note 1 For example: breast, testes, thyroid, penis, prostate, etc.  
 Note 2 Ensemble tissue harmonic imaging  
 Note 3 3D imaging  
 Note 4 B&W SieScape panoramic imaging  
 Note 5 Power SieScape panoramic imaging  
 Note 6 For example: abdominal, vascular  
 Note 7 Contrast agent imaging

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Prescription Use (Per 21 CFR 801.109)

  
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 Division of Reproductive, Abdominal and  
 Radiological Devices  
 510(k) Number K081121

### Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **EC9-4 Convex Array Endocavity Transducer for use with:**

**ACUSON X150 Diagnostic Ultrasound Systems**

Intended Use: **Diagnostic imaging or fluid flow analysis of the human body as follows:**

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P	P		P	P		BMDC	Note 2,3
Abdominal										
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric										
Small Organ (Note 1)										
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal		P	P	P		P	P		BMDC	Note 2,3
Transvaginal		P	P	P		P	P		BMDC	Note 2,3
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal Conventional										
Musculo-skeletal Superficial										
Other (specify)										

N = new indication; P = previously cleared by K070576; E = added under Appendix E

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

(Division Sign-Off)

Division of Reproductive, Abdominal and  
 Radiological Devices

510(k) Number

*K081121*

### Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **EV9-4 Convex Array Transducer for use with:**  
**ACUSON X150 Diagnostic Ultrasound Systems**  
 Intended Use: **Diagnostic imaging or fluid flow analysis of the human body as follows:**

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P	P		P	P		BMDC	Note 2,3
Abdominal										
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric										
Small Organ (Note 1)										
Neonatal Cephalic										
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal		P	P	P		P	P		BMDC	Note 2,3
Transvaginal		P	P	P		P	P		BMDC	Note 2,3
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal Conventional										
Musculo-skeletal Superficial										
Other (specify)										


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- Note 1 For example: breast, testes, thyroid, penis, prostate, etc.  
 Note 2 Ensemble tissue harmonic imaging  
 Note 3 3D imaging  
 Note 4 B&W SieScape panoramic imaging  
 Note 5 Power SieScape panoramic imaging  
 Note 6 For example: abdominal, vascular  
 Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal and  
 Radiological Devices  
 510(k) Number K081121

### Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **VF13-5 Linear Array Transducer for use with:**  
**ACUSON X150 Diagnostic Ultrasound Systems**  
 Intended Use: **Diagnostic imaging or fluid flow analysis of the human body as follows:**

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal										
Abdominal										
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric		P	P	P		P	P		BMDC	Note 2,3
Small Organ (Note 1)		P	P	P		P	P		BMDC	Note 2,3
Neonatal Cephalic		P	P	P		P	P		BMDC	Note 2,3
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel		P	P	P		P	P		BMDC	Note 2,3
Laparoscopic										
Musculo-skeletal Conventional		P	P	P		P	P		BMDC	Note 2,3
Musculo-skeletal Superficial		P	P	P		P	P		BMDC	Note 2,3
Other (specify)										

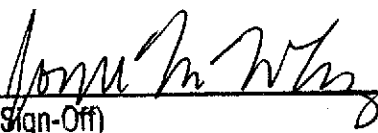
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- Note 1 For example: breast, testes, thyroid, penis, prostate, etc.  
 Note 2 Ensemble tissue harmonic imaging  
 Note 3 3D imaging  
 Note 4 B&W SieScape panoramic imaging  
 Note 5 Power SieScape panoramic imaging  
 Note 6 For example: abdominal, vascular  
 Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

  
 (Division Sign-Off)  
 Division of Reproductive, Abdominal and  
 Radiological Devices  
 510(k) Number K081121

### Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **P8-4 Phase Array Transducer for use with:**  
**ACUSON X150 Diagnostic Ultrasound Systems**  
 Intended Use: **Diagnostic imaging or fluid flow analysis of the human body as follows:**

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		P	P	P	P	P	P		BMDC	Note 2,3
Abdominal		P	P	P	P	P	P		BMDC	Note 2,3
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric		P	P	P	P	P	P		BMDC	Note 2,3
Small Organ (Note 1)										
Neonatal Cephalic		P	P	P	P	P	P		BMDC	Note 2,3
Adult Cephalic										
Cardiac		P	P	P	P	P	P		BMDC	Note 2,3
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal Conventional										
Musculo-skeletal Superficial										
Other (specify)										

N = new indication; P = previously cleared by K070576; E = added under Appendix E

Note 1 For example: breast, testes, thyroid, penis, prostate, etc.

Note 2 Ensemble tissue harmonic imaging

Note 3 3D imaging

Note 4 B&W SieScape panoramic imaging

Note 5 Power SieScape panoramic imaging

Note 6 For example: abdominal, vascular

Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

(Division Sign-Off)

Division of Reproductive, Abdominal and  
 Radiological Devices

510(k) Number

### Diagnostic Ultrasound Indications for Use Form

510(k) Number (if known):

Device Name: **L9-5 Linear Array Transducer for use with:  
 ACUSON X150 Diagnostic Ultrasound Systems**

Intended Use: **Ultrasound imaging or fluid flow analysis of the human body as follows:**

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal										
Abdominal		P	P	P		P	P		BMDC	Note 2,3
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric		P	P	P		P	P		BMDC	Note 2,3
Small Organ (Note 1)		P	P	P		P	P		BMDC	Note 2,3
Neonatal Cephalic		P	P	P		P	P		BMDC	Note 2,3
Adult Cephalic										
Cardiac										
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel		P	P	P		P	P		BMDC	Note 2,3
Laparoscopic										
Musculo-skeletal Conventional		P	P	P		P	P		BMDC	Note 2,3
Musculo-skeletal Superficial		P	P	P		P	P		BMDC	Note 2,3
Other (specify)										

N = new indication; P = previously cleared by K070576; E = added under Appendix E

- Note 1 For example: breast, testes, thyroid, penis, prostate, etc.  
 Note 2 Ensemble tissue harmonic imaging  
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 Note 4 B&W SieScape panoramic imaging  
 Note 5 Power SieScape panoramic imaging  
 Note 6 For example: abdominal, vascular  
 Note 7 Contrast agent imaging

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Concurrence of CDRH, Office of Device Evaluation (ODE)

Prescription Use (Per 21 CFR 801.109)

(Division Sign-Off)

Division of Reproductive, Abdominal and  
 Radiological Devices

510(k) Number

### Diagnostic Ultrasound Indications for Use Form


510(k) Number (if known):

Device Name: **P4-2 Litho Phased Sector Array Transducer for use with:**  
**ACUSON X150 Diagnostic Ultrasound Systems**  
 Intended Use: **Diagnostic imaging or fluid flow analysis of the human body as follows:**

Clinical Application	Mode of Operation									
	A	B	M	PWD	CWD	Color Doppler	Amplitude Doppler	Color Velocity Imaging	Combined (Specify)	Other (Specify)
Ophthalmic										
Fetal		N	N	N	N	N	N		BMDC	Note 2,3
Abdominal		N	N	N	N	N	N		BMDC	Note 2,3
Intraoperative (Note 6)										
Intraoperative Neurological										
Pediatric		N	N	N	N	N	N		BMDC	Note 2,3
Small Organ (Note 1)										
Neonatal Cephalic										
Adult Cephalic		N	N	N	N	N	N		BMDC	Note 2,3
Cardiac		N	N	N	N	N	N		BMDC	Note 2,3
Transesophageal										
Transrectal										
Transvaginal										
Transurethral										
Intravascular										
Peripheral vessel										
Laparoscopic										
Musculo-skeletal Conventional										
Musculo-skeletal Superficial										
Other (specify)										

N = new indication; P = previously cleared by FDA; E = added under Appendix E

- Note 1 For example: breast, testes, thyroid, penis, prostate, etc.  
 Note 2 Ensemble tissue harmonic imaging  
 Note 3 3D imaging  
 Note 4 B&W SieScape panoramic imaging  
 Note 5 Power SieScape panoramic imaging  
 Note 6 For example: abdominal, vascular  
 Note 7 Contrast agent imaging

  
 (Division Sign-Off) PLEASE DO NOT WRITE BELOW THIS LINE-CONTINUE ON ANOTHER PAGE IF NEEDED)  
 Division of Reproductive, Abdominal and Concurrence of CDRH, Office of Device Evaluation (ODE)  
 Radiological Devices Prescription Use (Per 21 CFR 801.109)  
 510(k) Number K081121